



Frank O'Bannon, Governor
Alan D. Degner, Commissioner

Dept. of Workforce Development
Indiana Government Center South
10 North Senate Avenue
Indianapolis, IN 46204-2277
Phone: 317/232-7670
FAX: 317/233-4793
TDD: 317/232-7560
<http://www.workforce.IN.gov>
An Equal Opportunity Employer

To: All DWD Employees

From: Charles R. Martindale
Deputy Commissioner/ Controller

Date: April 25, 2003

Subj: DWD Policy 2002 - 42
Travel Reimbursement Checks Distribution/
Direct Deposit of Travel Reimbursement Checks

Re: All Funding Sources Administered by DWD

Rescissions: DWD Communication #92-152, issued December 14, 1992
DWD Communication #97-63, issued June 1, 1998

PURPOSE: The purpose of this communication is to transmit the DWD policy regarding the distribution of travel reimbursement checks and to establish policy for direct deposit of travel reimbursement checks.

CONTENT: Due to the high volume of staff in travel status at any one time it is a delay factor and time consuming to hold checks for certain people or keep notes about special places to mail individual checks. In the past, this has caused a very time consuming process of sorting checks to suit specific requests. This is not an efficient or timely manner in which to handle the distribution of reimbursement checks. Therefore, travel reimbursement checks will be mailed to the employee's current residence listed on the travel voucher.

This method of delivery complies with the State Accounting Requirement of a 24-hour disbursement on all checks. In addition, this procedure provides an improved audit trail, as checks will at all times be either in the control of the DWD Accountant, U.S. Postal Service, or the traveler being reimbursed.

The Auditor of State offers direct deposit of non-payroll checks issued from their office. This includes travel reimbursement checks. This will NOT have any effect on payroll direct deposit.

One advantage to having your checks direct deposited is not waiting for the mail to be delivered; you will receive your reimbursement several days sooner.

Unfortunately, a disadvantage with direct deposit is that you will not be eligible to receive travel advances, since the advance process requires the issuance of reimbursement checks. The direct deposit option is available any time during the year. However, once direct deposit of travel reimbursements is initiated you will not be able to switch back and forth to request travel advances.

To elect direct deposit the attached form will need to be filled out by the employee and the financial institution. This form is available from Accounts Payable. Once completed, the form will need to be returned to Accounts Payable. Accounts Payable will then forward it to the Auditor of State for processing. Please do NOT submit this form directly to the Auditor of State's Office.

EFFECTIVE DATE: April 25, 2003

REVIEW DATE: April 25, 2005

ACTION: Please ensure that the address on your travel voucher and your In State Travel Authorization form (SF2541) are correct. This will assure that your reimbursement check reaches the correct destination without delay. To elect direct deposit, complete an Automated Direct Deposit form (SF47551) and return to Accounts Payable.

If you have any questions, please contact Missy Wolfe, Assistant Manager of Accounts Payable, at 317-233-6673 or Pat Tweedy, Accounts Payable Manager, 232-7726.

OWNERSHIP: Accounts Payable

CRM/MW: mw

☐ Add Deposit ☐ Change Deposit ☐ Stop Deposit

State Form 47551 (2/96)

Name of Vendor/Claimant who prepared this Request

Work Number: _____

Name: _____ Home Phone: _____



STATE OF INDIANA AUTOMATED DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Instructions:

1. Requestor will complete first section and have their bank/credit union complete Section 2.
2. The bank/credit union will complete Section 2 and return to the requestor.
3. Requestor will file completed form with Auditor of State, 200 West Washington St., Room 240, Indianapolis, IN 46204-2728
4. Requestor and depository should retain a copy. Additional blank copies are available from Auditor of State. Phone: (317) 232-3300

SECTION 1: REQUEST AND AUTHORIZATION

Vendor / Claimant as shown on the account

Federal I. D. Number / Social Security Number

Address (Number and Street, and/or P. O. Box No.)

City, State, and ZIP Code (00000-0000)

requests, pursuant to IC 4-8.1-2-7(d), to receive payment(s) by means of an electronic transfer of funds, and authorizes the same under the terms stated herein.

It is understood by the undersigned Vendor/Claimant that, if approved, the Auditor of State may authorize the Treasurer of State to: (1) initiate credit (deposits) in various and varying amounts, by electronic transfer of funds through automated clearing house (ACH) processes, to the below listed checking (*demand*) or savings account designated in the depository named below, and, (2) *if necessary*, to initiate debit entries or adjustments *solely to correct any credit error resulting from a deposit/credit entry that was made under this authorization*. The Vendor/Claimant may revoke or cancel this request and authorization by notifying the Auditor of State in writing at least fifteen (15) days prior. Any change to the account or to a new financial institution will require a new State of Indiana Automated Direct Deposit Authorization Agreement. Failure to timely notify the Auditor of an account change will delay payment.

Name of Depository: _____

Type of Account: ☐ Checking (*Demand*) ☐ Savings

Depository Account Number: _____

_____, 19____
Date

Signature of Vendor / Claimant

SECTION 2: DEPOSITORY'S APPROVAL

The above is satisfactory and the undersigned designated depository agrees to accept such automated deposits.

Name of Depository: _____ Phone: (____) ____ - _____

Address: _____
(Number and Street, and/or P. O. Box No.) (City, State, and ZIP Code (00000-0000))

_____, 19____
Date

Depository's Authorized Signature

ABA Transit-Routing Number

Title